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# CANNEL JUN 04 2014

Form **990-EZ** 

Department of the Treasury Internal Revenue Service

### Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public

A	roru	ne ∠u i 3 ca	lendar year, or tax year beginning , 2013, and ending			<u> </u>
٦	Addres	if applicable is change	C		D Employer i	dentification number
F	Name o	•	KPSNA Charitable Foundation, Inc.		56~20	98199
┢	Initial r	-	6049 Oxfordshire Rd		E Telephone	number
F	Termin	ated	Waxhaw, NC 28173		704-3	62-3007
F	Amend	led return			F Group Ex	remotion
	Applica	tion pending			Number	<b>►</b>
G	Acco	unting Meti	hod: X Cash Accrual Other (specify) ►	H Check	► X if the	organization is not
1	Webs	site: 🕨 N	/A	require	ed to attach	Schedule B (Form
J	Tax-ex	 xempt status	(check only one) — X 501(c)(3) 501(c)( ) ◄(insert no.) 4947(a)(1) or 527	990, 9	90-EZ, or 99	0-PF).
<u>K</u>	Form	of organiz	ration: X Corporation Trust Association Other	I		
ı		•	c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore, or if to	tal	
-	asset	s (Part II,	column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶\$	42,715.
P	irt 🎼	Revenu	ue, Expenses, and Changes in Net Assets or Fund Balances (se	e the ins	structions	
		Check if	the organization used Schedule O to respond to any question in this Part I			X
	1	Contributi	ons, gifts, grants, and similar amounts received		1	
	2	Program:	service revenue including government fees and contracts		2	42,715.
	3	Membersl	nip dues and assessments		3	
	4	Investme	nt income		. 4	
	5a	Gross am	ount from sale of assets other than inventory 5a		1.75	
	Ь	Less cos	t or other basis and sales expenses 5b		- 1 " ;"	
	c	Gain or Clos	s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5 c	
	6	•	nd fundraising events		. 47E	<del></del>
R	a	•	ome from gaming (attach Schedule G if greater than \$15,000)			
Ā	1		ome from fundraising events (not including \$ of contributions)	utions		
REVENUE	-		raising events reported on line 1) (attach Schedule G if the sum		20.00	
Ē			ross income and contributions exceeds \$15,000) 6 b			
	C	Less: dire	ct expenses from gaming and fundraising events . 6c			
	d		ne or (loss) from gaming and fundraising events (add lines 6a and ibtract line 6c)		6 d	
	7a	Gross sal	es of inventory, less returns and allowances 7 a		: **;	_
	Ь	Less: cos	t of goods sold 7 b			
	c	Gross pro	ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7с	
	8	Other rev	enue (describe in Schedule O)		-8-	
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	ECEIV	/ <del>-</del> [] 9	42,715.
	10	Grants ar	nd similar amounts paid (list in Schedule O)		10	)}
	11	Benefits p	paid to or for members	.v + 8t	2854 11 8	
Ē	12	Salaries,	other compensation, and employee benefits	AY I 🐕	2014 12 3	
P	13	Professio	nal fees and other payments to independent contractors		13 4	1,455.
E N	14	Occupant	cy, rent, utilities, and maintenance .	DEN	. 14	1
S E S	15	Printing,	publications, postage, and shipping	117ETA	15-	
3	16	Other exp	penses (describe in Schedule O). See Sched	ule 0	16	98,156.
	17	Total exp	enses. Add lines 10 through 16		<b>&gt;</b> 17	99,611.
	18	Excess o	r (deficit) for the year (Subtract line 17 from line 9)		18	-56,896.
NS EET	19	Net asset	s or fund balances at beginning of year (from line 27, column (A)) (must agree with orted on prior year's return)	h end-of-ye	ar 19	82,355.
ŤŤ	20	-	inges in net assets or fund balances (explain in Schedule O)		20	02,000.
3	21		s or fund balances at end of year. Combine lines 18 through 20		▶ 21	25,459.
BA	A Fo		rk Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2013)

6

1591	Balance Sheets (see the inst Check if the organization used Sched	tructions for Part II) Jule 0 to respond to any ques	ition in this Part II				П
				(A) Beginning of	yea	r	(B) End of year
22	Cash, savings, and investments			82,3	355	22	25, 459.
23	Land and buildings					23	
24	Other assets (describe in Schedule O)					24	
25	Total assets			82,3	355	. 25	25, 459.
26	Total liabilities (describe in Schedule O) .				0	26	0.
27	Net assets or fund balances (line 27 of co	olumn (B) <b>must</b> agree with lir	ne 21) .	82,3		<del></del>	25, 459.
<b>IPa</b> i	Statement of Program Service Acco	mplishments (see the instruction	ons for Part III)		$\neg$		Expenses
	Check if the organization used Scho	edule O to respond to any qu		<u> </u>	X	(Reg	uired for section 501
What	is the organization's primary exempt purpose? See	Schedule O				(c)(3	) and 501(c)(4) nizations and section
Desc	ribe the organization's program service acc sured by expenses. In a clear and concise fited, and other relevant information for ear	complishments for each of its manner, describe the service	three largest progra s provided, the num	m services, as ber of persons		4947	(a)(1) trusts; optional thers.)
28	See Schedule 0	en program due.			1		<u>,                                      </u>
	(Grants \$ ) If thi	s amount includes foreign gra	ants, check here	. •	Ш	28 a	97,906.
29					]		
					]		
					اــ ا		
	(Grants \$ ) If thi	s amount includes foreign gra	ants, check here	. •	Ш	29 a	
30			<b></b>				
		_ <b></b>		. <b></b>	1		
		<b></b>		. <b></b>			
		s amount includes foreign gra	ants, check here	<u> </u>	Щ	30 a	ů.
31	F9 (	•					
		s amount includes foreign gra	ants, check here	<u></u> ►	Ш	31 a	
	Total program service expenses (add line				•	32	97,906.
Pa	List of Officers, Directors, Tr				ted —	see th	ne instructions for Part IV) 🦳
	Check if the organization used Sch	edule O to respond to any qu	estion in this Part IV				<u>.                                    </u>
	(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensa (Forms W-2/1099-MISO (If not paid, enter -0-)	tion (d) Health be contributions to benefit plans, ar compensa	id defe	yee erred	(e) Estimated amount of other compensation
Jan	nan_Kothadia						
	esident & Dir	2		0.		0.	0.
	nji Kundaria						
	& Dir	1		0.		0.	0.
Gov	vind Lalani	<del></del>					
Dii	rector	1		0.		0.	0.
Hai	rilal Vithaldas Dalsania						
Di	ector	1		0.		0.	0.
Asl	nokkumar Balubhai Bhut						
D11	rector	1		0.		0.	O.
Mar	nsukhlal M. Kothadia						
Tre	easurer & Dir	2		0.		0.	0.
			<u> </u>				
				_			
			<u> </u>				
BAA	<del></del>	TEEA0812L	1/27/13	<u>!</u>			Form <b>990-EZ</b> (2013)

Form 990-EZ (2013) KPSNA Charitable Foundation, Inc. 56-2098199 Page 2

33 Det the organization engage in any significant activity not previously reported to the IRS?  18 Yes, 70 more deteited description of each activity in Schedule 0  34 Wee any significant charge made to the organization group reported to the IRS?  35 a Det the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  35 a Det the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  36 if Yes, 10 line 35a, has the organization field a form 990-ET for the year? If Yos, provide an explanation in Schedule 0  35 b C Was the organization undergo a bleudation, dissolution, termation, or significant  36 D of the organization undergo a bleudation, dissolution, termation, or significant  37 a Enter amount of political expenditures, direct or more of the special properties of Schedule C, Part III  37 a Enter amount of political expenditures, direct or more of the special properties of Schedule N  37 a Enter amount of political expenditures, direct or more of the special properties of Schedule N  37 a Enter amount of political expenditures, direct or more of the special properties of Schedule N  37 a Enter amount of political expenditures, direct or more of the special properties of Schedule N  37 a Enter amount of political expenditures, direct or more of the special properties of Schedule N  38 a Dut the organization in the Part of Schedule N  39 a Section 501(c)(7) organizations. Enter amount of the transport of the properties and capital contributions in the organization. Enter amount of tax miposed on the organization and properties and filing requirements for form 8385-1  40 b Excend \$1	Form	990-EZ (2013) KPSNA Charitable Foundation, Inc. 56-209819		Р	age 3
If Yes, provide a detailed description of each activity in Schedule O  Al Were any inflinant changements be the engineary or prompt decements if I'res, "itaba a conference operation of the profiled a change to the organizations have underso security in the change of Schodule O (see instructions)  33 Dut the organization have undertable business or gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6s, and 7a, among others)?  55 Dut the organization as section \$510(c)(6), 501(c)(6), or \$51(c)(6) organization subject to section \$633(e) notice, \$55 c. X organization as section \$510(c)(6), 501(c)(6), or \$51(c)(6) organization subject to section \$633(e) notice, \$55 c. X organization as section \$51(c)(6), 501(c)(6), or \$51(c)(6), organization subject to section \$633(e) notice, \$55 c. X organization as section \$51(c)(6), 501(c)(6), or \$51(c)(6), organization subject to section \$633(e) notice, \$55 c. X organization and prove the year? I'res, complete parts of Schedule N  56 Dut the organization undergo a liquidation, dissolution, termination, or significant disposition of net assests duming the year? I'res, complete parts of Schedule N  57 a Enter amount of political expenditures, direct or indirect, sed secretical in instructions. ** \$37 a   0. 5 b. Dut the organization the Form \$1128-PUL for this year?  58 a Dut the organization the Form \$1128-PUL for this year?  59 a Dut the organization the Transition of the year? I'res, described in the instructions. ** \$37 a   0. 5 b. Dut the organization the Year and the organization of the organization in the instructions. ** \$37 a   0. 5 b. Dut the organization of the year and the organization of the profile of the organization of the organizatio	Par	tV Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule Instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ule		. X
34 War any significant changes make to the organizary or experiming decominants? If "Fest," attain a castermed copy of this mainted documents of they reflect a change to the organization and the organization and the organization are considered to severe from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  53a Did the organization a vection 50 (Cyd, 50 (10)(6)), or 50 (10)(6) or 50 (10)(6), or 50 (10)(6	33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
a change to the organization is name. Otherwise, explain the change on Schodule O (see instructions)  35 bit of the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  55 bit 1"ext. to line 53a, has the organization field as form 990-1" for the year? If Yo.; provide an explanation in Schedule O c Wiss the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and provy tax requirements during the year? If Yes.; complete Schedule C, Part III 1.  56 bit the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes.; complete applicable parts of Schedule N  57 a Enter amount of political expenditures, direct or indirect, as described in the instructions.    58	24		33		X
(such as those reported on lines 2, 6a, and 7a, among others)?  bit 1'Yes; to line 33a, has the organization field a form 990-T for the year? If No.' provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organizations subject to section 503(c) notice, reporting, and proxy tax requirements during the year? If 1'Yes, complete Spedidic C, Part III		a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).	34		х
b II Yes, to line 35a, has the organization filed a Form 990-T for the year? If No, provide an explanation in Schedule 0 c. Was the organization as Schedule 0.  Was the organization undergo a block of the year? If Yes, complete Schedule C, Part III of the year of ye	35 a				<b></b>
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 503(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Spedicic C, Part III  36 Dut the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete spedicic C, Part III  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions .    37 a Enter amount of political expenditures, direct or indirect, as described in the instructions .    37 a Enter amount of political expenditures, direct or indirect, as described in the instructions .    38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a professor year and still outstanding at the end of the tax year covered by this return?  38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in any or year and still outstanding at the end of the tax year covered by this return?  38 b C M Yes, complete Schedule L, Part II and enter the total amount involved  39 b Cross receipts, included on line 9, for public use of club facilities  39 a N/A  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year or doff it engage in an excess benefit faraseton with a prior year that has not been reported on any of the prior forms 900 990-EZ? If Yes, complete Schedule L, Part II.  40 b Cross receipts, included on line 9, for public use of club facilities  40 b Cross receipts, included on line 9, for public use of club facilities  41 List the states with which a copy of this return is filed > None  42 a The organizations. At any time during the law year, was the organization a party to a prohibited tax  43 Elephone no. > 704 – 362 – 3007  44 a Did the states with which a copy of this return is filed > None  44 a Did the organization. A				_	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of het assets during the year? If "Yes," complete sophicable parts of Schedule N  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions  38 a Did the organization borrow from, or make any loans to, any officer, director, flustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38 a Did the organization borrow from, or make any loans to, any officer, director, flustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by the return?  38 b N/A  39 Section 501(c)(7) organizations. Enter:  30 a N/A  30 Section 501(c)(7) organizations. Enter:  31 Institution fess and capital contributions included on line 9  32 a N/A  33 b N/A  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  30 section 501(c)(3) organizations. Enter amount of tax imposed on organization during the year of dri it engage in an excess benefit transaction during the year of dri it engage in an excess benefit transaction during the year of dri it engage in an excess benefit transaction and provide and provide and excessions. Enter amount of tax imposed on organization or any of its prior Forms 990 or 990-E2? If "res," complete Schedule I, Part I.  40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization  41 List the states with which a copy of this return is filled by the organization and any excession of the submit of the amount of the amount of the any excession of the submit of the amount of the amount of the area of the amount of the amount of the amount of the amount of the area of the amount of the amount of the amount of the organization maintain an office outsi			33 0		-
disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of potitical expenditures, direct or indirect, as described in the instructions  37a Enter amount of potitical expenditures, direct or indirect, as described in the instructions  37b D			35 c		Х
37 a Enter amount of potitical expenditures, direct or indirect, as described in the instructions   \$\begin{array}{c} \] 37 a \$\) 0.    \$\begin{array}{c} \] 38 a Did the organization for prior in 124 Pot. for this year?    38 a Did the organization borrow from, or make any loans to, any officer, director, fusules, or key employee or were any such loans made in a prior year and still dustsanding at the end of the tax year covered by this return?    \$\begin{array}{c} \) 8 a \$\) \] \[ \begin{array}{c} \) 18 a \] \[ \begin{array}{c} \\  \\  \\  \\  \\  \\  \\  \\  \\  \		disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
38 a Dut the organization borrow from, or make any loans to, any officer, director, fursitee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  bif "Yes," complete Schedule L, Part II and enter the total amount movived  39 Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  a initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  a linitiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  a linitiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  a linitiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  section 4911					
any such loans made in a prior year and still outstanding at the end of the tax year covered by this 'return? bif 'Yes,' complete Schedule, I-p art II and enter the total amount involved  38 b N/A  39 Section 501(c)(7) organizations. Enter amount of tax imposed on line 9  b Gross receipts, included on line 9, for public use of club facilities  40 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 491 b Section 501(c)(4) organizations. Did the organization engage in any section 4955 b O. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or did if engage in an excess benefit transaction are of disputations. Did the organization in a prior year that has not been reported on any of its prior Forms 90 or 990-E27 I' Yes,' complete Schedule, I, Part I. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization and the forganization and the year under sections 4912, 4955, and 4956  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization and the forganization maintain and office outside of the U.S.?  42 The organization and the forganization filed a form 720 to report these payments?  43 Section 4947(a)(1) nonexempt charitable trusts filing form 990-EZ in lieu of Form 1900 m		•	37 Ь		X
bit f Yes, complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \(^{1}\) 0, : section 4912 \(^{1}\) 0, : section 4955 \(^{1}\) 0, b Section 501(c)(3) and 501(c)(4) organizations. Dud the organization engage in any section 4958 excess benefit for transaction during the year or did it engage in an excess benefit fransaction in prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, 'complete Schedule I, Part I. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization on any of its prior Forms 990 or 990-EZ? If Yes, 'complete Schedule I, Part I. Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization amanagers or dequalitied persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8866-1  List the states with which a copy of this return is filled Pione  None  42 a The organization?  but any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If Yes, enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form 10 F 99-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country:	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		v
39 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities  39 a N/A 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 * 0_: section 4912 * 0_: section 4915 * 0 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction or any of its prior Forms 990 or 990-E27 if Yes, complete Schedule I, Part I. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization on any of its prior Forms 990 or 990-E27 if Yes, complete Schedule I, Part I. c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  a All organization.  a All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8866-1  List the states with which a copy of this return is filled by None  42 a The organization?  42 a The organization?  All organizations are set by Manisukhlal M. Kothadia Telephone received and the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  42 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E2 in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E2 in lieu of Form 104	ь	olf 'Yes,' complete Schedule L, Part II and enter the total			_^
a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9  b Gross receipts, included on line 9  for public use of club facilities  A/A  38 Section 501(c)(3) and 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 *  0 , section 4912 *  0 , section 4915 *  0 , section 4915 *  0 , section 4916 *  0 , section 4916 *  0 , section 4918 *  0 , section 4958 excess benefit transaction during the year or did it engages in an excess benefit transaction or any of its prior Forms 990 or 990-EZ? if "es", complete Schedule I., Part I.  S Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 495s, and 4958  0 .  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax or line 4012 reminister that has not been reported on any of its prior Forms 900 or 990-EZ in line 4012 reminister.  40 b		N/A			
b Gross receipts, included on line 9, for public use of club facilities  40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year unders section 4911 * 0 _ ; section 4912 * 0 _ ; section 4915 * 0 _ ; section 4915 * 0 _ ; section 4915 * 0 _ ; section 4916 * 0					
40 a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911					
section 4911 \( \) \( 0 \) ; section 4912 \( \) \( 0 \) ; section 4912 \( \) \( 0 \) . Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year of did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I.  Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax morping organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \( \) 0.  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax not line 40c reimbursed by the organization \( \) at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8865-T  List the states with which a copy of this return is filed \( \) None   42 a The organization.  42 a The organization's books are in care of \( \) Mansukhlal M. Kothadla Telephone in \( \) YO4-362-3007 Located at \( \) 6049 Oxfordshire Rd Waxhaw NC IP +4 \( \) 28173  books are in care of \( \) Mansukhlal M. Kothadla Telephone in \( \) YO4-362-3007 Located at \( \) 6049 Oxfordshire Rd Waxhaw NC IP +4 \( \) 28173  both any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ.  45 Did th		N/II			
b Section 501 (c)(3) and 501 (c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2? If "Yes," complete Schedule I, Part I.  c Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8865-T  1. List the states with which a copy of this return is filed by the organization's books are in care of books are in care	40 a				
transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZZ If Yes, complete Schedule L, Part I.  c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax  shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed  None  12	ь	0,,000,000			
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.  e All organization.  e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed   None  42 a The organization's books are in care of   Mansukhlal M. Kothadia   Located at   5049 Oxfordshire Rd Waxhaw NC    It P+4   28173  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country:    See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country:    43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ .  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ .  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ .  C Did the organization receive any payments for indoor tanning services during the year?  441	_	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	401		<b>,,</b>
managers or disqualified persons during the year under sections 4912, 4955, and 4958	,		40 D		X
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form \$886-T  40 e	Ĭ			,	i '
At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country:  At Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  At a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  B Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  C Did the organization receive any payments for indoor tanning services during the year?  At a Did the organization receive any payments for indoor tanning services during the year?  At a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?  At a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	d			*	*
42 a The organization's books are in care of Mansukhlal M. Kothadia Located at Mansukhlal M. Kothadia Located At Mansukhlal Mansuk	e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax			<u> </u>
42 a The organization's books are in care of > Mansukhlal M. Kothadia	44		<b>40</b> e		X
books are in care of Mansukhlal M. Kothadla Located at Mode of Datordshire Rd Waxhaw NC Located at Mode of Datordshire Rd Waxhaw NC  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  Yes, enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If "Yes," enter the name of the foreign country  At a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  If "Yes," Form 990-EZ  d If "Yes," Form 990-EZ  d If "Yes," Form 990-EZ  c Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	41	List the states with which a copy of this return is free None			
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See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country  42 c	ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country  A3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  A4 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O  44d  45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		•	42 b		X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country   3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 − Check here  and enter the amount of tax-exempt interest received or accrued during the tax year   43 Ves No.  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O  45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		If 'Yes,' enter the name of the foreign country:			
If 'Yes,' enter the name of the foreign country  A3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here  and enter the amount of tax-exempt interest received or accrued during the tax year  43 N/  44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O  44d  45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here  and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O  44 a X  44 a X  44 b X  44 d X  45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	C		42 c		Х
and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O  45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?  28   No   Yes   Ye		If 'Yes,' enter the name of the foreign country			
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O	43			► []	N/A N/A
c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O	AA ~	Did the organization maintain any donor adviced funds during the year? If 'Vee' Form 900 must be completed instead		162	NO
c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O	<del>44</del> 8	of Form 990-EZ	44 a		X
c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O	b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?  If 'No,' provide an explanation in Schedule O 44 d  45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	c	Did the organization receive any payments for Indoor tanning services during the year?		<del>                                     </del>	X
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		Lif 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?	_W_4		
	<b>45</b> a				X
Form 000 and Cahadula D may need to be seventated extraord of Form 000 F7 (see sect. 1)		Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'	45 b		v

Form	990LF	, <b>Z</b> (2013) KPSNA Charitable Fo	nundation Inc			56-20	00100		Page 4
1 0111	, JJC-L	2 (2013) RESNA CHAILCADIE FO	Junuacion, inc.	•		36-20	30133	Ye	<del></del>
46		e organization engage, directly or indirect dates for public office? If 'Yes,' complete		n activities on	behalf of o	r in opposition to	46		X
Par		Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.	s only	questions 4	17-49b ar	nd 52, and comple			
		Check if the organization used Schedule	O to respond to any q	uestion in this	Part VI				П
47	D:1 #F	e organization engage in lobbying activitie	have a cashan 50	)1 (h) alaakan .				Yes	s No
4/		lete Schedule C, Part II	· · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	n enect du	ing the tax year? If Te	47	,	х
		organization a school as described in sec	*******			le E	48		Х
		e organization make any transfers to an e		related organi	zation?	• • • •	49		Х
	Comp	s,' was the related organization a section lete this table for the organization's five h lyees) who each received more than \$100	ighest compensated en					ь	
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable (Forms W-2/	compensation 1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimother c	ated amo ompensa	ount of ition
Nor	<u>ie</u>								
					_				
	Comp	number of other employees paid over \$10 lete this table for the organization's five hensation from the organization. If there is	ighest compensated in	dependent cor	ntractors wh	no each received more	than \$100,	000 of	
	•	(a) Name and business address of each independent co	ontractor		<b>(b)</b> Type	of service	(c) Co	mpensati	ion
Non	<u>ie</u>			-					
				-					
				-					
				-					
		number of other independent contractors		00.000					
	Did th	e organization complete Schedule A? No able trusts must attach a completed Sche	ote. All section 501(c)(3	•	ns and 4947	(a)(1) nonexempt	- X <sub>Y</sub>	es	No
Under true, c	penalties orrect. ai	of perjury, I declare that I have examined this return, including complete. Declaration of preparer other than office	uding accompanying schedules a	and statements, an of which preparer h	d to the best of nas any knowle	my knowledge and belief, it is			
		Matharlia				5-1-20	14		
Sig:		Signature of officer  Mansukhlal M. Kothadia				Date Treasurer & Di	r		
		Type or print name and title Print/Type preparer's name	Preparer's signature		Date		PTIN		
<b>.</b>		Floyd Green Jr. CPA PC	Floyd Green Jr. (	TPA PC		Check 🛆 if	P0036563	A	
Paid Prep		Firm's name ► FLOYD GREEN, CPA, P						<del>-</del>	

**55-0842444** 

Form 990-EZ (2013)

Phone no (770) 457-2550

. . . . . . . . . . . . ► XYes No

Firm's address ► 3114 Mercer University Drive Suite 200

Atlanta, GA 30341-4144

May the IRS discuss this return with the preparer shown above? See instructions

Use Only

#### SCHEDULE A (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2013

			<u>oundation, In</u>							<u>09819</u>			
Part	l R	eason for Publ	lic Charity Status	(All organizations m	nust co	mplete	this p	art.) S	ee ins	truction	ns.		
The or				e it is: (For lines 1 throug						_			
1	☐ A d	church, convention	n of churches or asso	ciation of churches descr	ibed in	section	170(b)(1	I)(A)(ī).					
2	∏ A s	school described i	n section 170(b)(1)(A	)(ii). (Attach Schedule E.	.)								
3	Паі	nospital or a coop	erative hospital service	e organization described	in sect	tion 170	(b)(1)(A)	(iii).					
4	Π <sub>Α</sub> ,	nedical research	organization operated	in conjunction with a hos	soital de	scribed	in secti	ion 170	ъугуа)	(iii). Ente	er the hospi	tal's	
		me, city, and state		•	•			- 1		<b>,</b> . <b>,</b>			
5	☐ An	organization oper	rated for the benefit o	f a college or university of	owned or	operate	d by a g	overnm	ental un	ıt descri	bed in se	ction	
6	☐ A f	ederal, state, or le	ocal government or go	overnmental unit describe	ed in se	ection 17	<mark>70(Ь)(</mark> 1)(,	A)(v).					
7	An An	organization that section 170(b)(1)(	normally receives a : (A)(vi). (Complete Pa	substantial part of its sup rt II.)	port fror	n a gove	ernmenta	al unit o	r from th	ne genera	al public de	scribe	d
8	∐ A (	community trust d	lescribed in section 1	<b>70(b)(1)(A)(vi).</b> (Complete	e Part II.	.)							
9	inv Jur	m activities relate estment income a ne 30, 1975. See	ed to its exempt function and unrelated busines section 509(a)(2). (Co		exception ection 51	ons, and 11 tax) fi	(2) no n rom busi	nore tha nesses	in 33-1/3 acquired	₹% of its	support fro	m aros	
10	An	organization orga	anized and operated e	xclusively to test for pub	lic safety	y. See	section	509(a)(4	<b>)</b> .				
11	An mo des	organization orga ore publicly suppo scribes the type or	anized and operated e rted organizations des f supporting organizat	exclusively for the benefit scribed in section 509(a)( tion and complete lines 1	of, to pe (1) or sec 1e throu	erform th ction 509 gh 11h.	e function (a)(2). S	ons of, o See <b>se</b>	or carry ction 50	out the p 1 <b>9(a)(3).</b> (	ourposes of Check the b	one or ox tha	t
	а	Type I	<b>b</b> Type II	c Type III - Function	nally inte	egrated		a □ .	Type III	- Non-fu	unctionally i	ntegra	ited
<b>e</b>	- otn	checking this box er than foundation ction 509(a)(2).	k, I certify that the org n managers and other	anization is not controlled than one or more public	d directly by suppo	or indir orted org	ectly by anization	one or i	more dis ribed in	qualified section 5	l persons 509(a)(1) or		
f	lf t	` ' ' '	eceived a written dete	rmination from the IRS th	nat is a T	ype I, T	ype II or	Type II	l suppoi	rting orga	anızatıon,		
g	Sır	ice August 17, 20	06, has the organizati	on accepted any gift or	contribut	tion from	any of	the follo	wina pe	rsons?			
_		_	-	,			•		٠,			Yes	No
	(i)	A person who	directly or indirectly c	ontrols, either alone or to	gether w	vith pers	ons desc	cribed in	ı (iı) and	l (III)	11 - 0		
				oported organization?				•			11 g (i)		
	(ii)	A family memb	ber of a person descri	bed in (i) above?			• • •			• •	11 g (ii)		
	(iii)	A 35% controll	led entity of a person	described in (i) or (ii) abo	ove?						11 g (iii)		
h	Pro	ovide the following	g information about th	e supported organization	(s).								
	<b>(</b> ) I	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (	Is the zation in (i) listed in overning ment?	(v) Did yo the organi column ( supp	zation in	organiz colur organize	is the ration in mn (f) ed in the S ?	(vII) Amount sup	t of mone port	etary
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
·			<del>                                     </del>		†	$\vdash$		<b>-</b>	-	<del>                                     </del>		·	
(D)			ļ	ļ									
(E)													
Total													
DAA	or Pa	perwork Reduction	on Act Notice see the	Instructions for Form 9	90 02 99	ቤF7		-	Schedule	A (For	n 990 or 99	0.E7\	2012

## Schedule A (Form 990 or 990-EZ) 2013 KPSNA Charitable Foundation, Inc. 56-2098199 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			-			
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	( <b>d)</b> 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						-
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3.						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	*		,			
Sec	tion B. Total Support					<del></del>	
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activity	ties, etc (see insti	ructions)			12	
13	First five years. If the Form 990 is organization, check this box and	s for the organiza stop here	tion's first, second	l, third, fourth, or f	fifth tax year as a	section 501(c)(3)	▶∏
Sec	tion C. Computation of Pu	blic Support	Percentage			-	
	Public support percentage for 20					<b>⊢</b>	%
15	Public support percentage from 2	012 Schedule A,	Part II, line 14			15	%
	33-1/3% support test — 2013. If the and stop here. The organization of 33-1/3% support test — 2012. If the	qualifies as a pub ne organization di	licly supported org d not check a box	janization . on line 13 or 16a,	and line 15 is 33-	1/3% or more, chec	▶ ∐
	and stop here. The organization	qualifies as a pub	olicly supported or	ganization .			►∐
17 a	10%-facts-and-circumstances tea or more, and if the organization in the organization meets the facts-	neets the 'facts-ai	nd-circumstances'	test, check this be	ox and stop here	. Explain in Part IV	% how ►
b	10%-facts-and-circumstances ter or more, and if the organization n organization meets the 'facts-and	neets the 'facts-ai	nd-circumstances'	test, check this be	ox and stop here	. Explain in Part IV	how the
18	Private foundation. If the organiz	ation did not ched	k a box on line 13	, 16a, 16b, 17a, c	or 17b, check this t	oox and see instruc	tions . ►

| Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')					-	0.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	71,010.	16,650.		95,703.	42,715.	226,078.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	,1,010.	10,030.		337703.		0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a			·			0.
	governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	71,010.	16,650.	0.	95,703.	42,715.	226,078.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6.) tion B. Total Support						226,078.
		4.3.0000	# > 0010	43.0044			
Palam			1953 201111	(c) 2011	74N 2012	(a) 2013	l (M)Total
	dar year (or fiscal yr beginning in)	(a) 2009 71 010	<b>(b)</b> 2010	(c) 2011	(d) 2012 95, 703	(e) 2013 42 715	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable	71,010.	16,650.	(c) 2011 0.	95,703.	(e) 2013 42,715.	(f) Total 226, 078.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	71,010.	16,650.	0.	95,703.	42,715.	0. 0.
9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						0. 0.
9 10 a E	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	71,010.	16,650.	0.	95,703.	42,715.	0. 0. 0.
9 10 a 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total Support. (Add lins 9,10c, 11 and 12)	71,010.	16,650. 0.	0.	95,703.	42,715. 0.	0. 0.
9 10 a 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total Support. (Add lins 9,10c, 11 and 12.)  First five years. If the Form 990 is organization, check this box and	71,010.  0.  71,010. s for the organizat stop here	16, 650.  0.  16, 650. ion's first, second.	0.	95,703.	42,715. 0.	0. 0. 0.
9 10 a 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total Support. (Add ins 9,10c, 11 and 12.)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Putal Support (Add ins 9,10c, 11 and 12.)	71,010.  71,010. s for the organizat stop here	16, 650.  0.  16, 650.  percentage	0.  0.  third, fourth, or fi	95,703.	42,715.  0.  42,715. section 501(c)(3)	0. 0. 0. 0. 0. 226,078.
9 10 a 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total Support. (Add ins 9,10c, 11 and 12.)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Pu	71,010.  71,010.  71,010.  s for the organizat stop here	16, 650.  0.  16, 650.  ion's first, second  Percentage (f) divided by line	0.  0. third, fourth, or fi	95, 703.  0.  95, 703.  fth tax year as a s	42,715.  0.  42,715. section 501(c)(3)	0. 0. 0. 0. 0. 226,078. ► X
9 10 a 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total Support. (Add lins 9,10c, 11 and 12.)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage from 2	71,010.  71,010.  71,010.  s for the organizat stop here	16, 650.  0.  16, 650.  ion's first, second  Percentage (f) divided by line Part III, line 15	0.  0.  third, fourth, or fi	95,703.	42,715.  0.  42,715. section 501(c)(3)	0. 0. 0. 0. 0. 226,078.
9 10 a 11 12 13 14 Sec 5 5	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total Support. (Add lins \$,10c, 11 and 12.)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage from 20 tion D. Computation of Invition 1.	71,010.  71,010.  o.  for the organizat stop here	16, 650.  0.  16, 650.  Ion's first, second.  Percentage (f) divided by line Part III, line 15.  me Percentage	0.  0. third, fourth, or fi	95, 703.  0.  95, 703.  fth tax year as a s	42,715.  0.  42,715. section 501(c)(3) 15 16	0. 0. 0. 0. 0. 226,078. ► [X]
9 10 a 11 12 13 14 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total Support. (Add ins 9,10c, 11 and 12.) First five years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage for 20. Public support percentage from 2.	71,010.  71,010.  71,010.  71,010.  S for the organizat stop here	16, 650.  0.  16, 650.  ion's first, second.  Percentage (f) divided by line Part III, line 15.  me Percentag column (f) divided	0.  third, fourth, or fi	95, 703.  0.  95, 703.  fth tax year as a s	42,715.  0.  42,715. section 501(c)(3)	0. 0. 0. 0. 0. 226,078. ► X
9 10 a 11 12 13 14 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total Support. (Add lins \$,10c, 11 and 12.)  First five years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage from 20 tion D. Computation of Invition 1.	71,010.  71,010.  on the organizat stop here	16, 650.  0.  16, 650.  on's first, second.  Percentage (f) divided by line Part III, line 15.  me Percentage column (f) divided e A, Part III, line 1 iid not check the b	0.  0.  third, fourth, or fi  13, column (f))   by line 13, column  7	95, 703.  0.  95, 703.  fth tax year as a s	42,715.  0.  42,715. section 501(c)(3) 15 16  17 18 aan 33-1/3%, and	0. 0. 0. 0. 226,078. ► X
9 10 a 11 12 13 14 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total Support. (Add lins 9,10c, 11 and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Public support percentage from 20 Public support percentage from 21 Investment income percentage for 133-1/3% support tests — 2013. If	71,010.  71,010.  71,010.  5 for the organization of this box and stop the organization of this box and stop the organization of the organization	16, 650.  0.  16, 650.  16, 650.  Ion's first, second  Percentage (f) divided by line Part III, line 15  me Percentage column (f) divided e A, Part III, line 1 iid not check the bithere. The organized not check a box	0.  0. third, fourth, or fi  13, column (f))  e by line 13, column  7	95, 703.  0.  95, 703.  fth tax year as a s  in (f))  line 15 is more that publicly support 19a. and line 16	42,715.  0.  42,715.  section 501(c)(3)   15  16  17  18  aan 33-1/3%, and led organization is more than 33-1/3%.	0. 0. 0. 0. 0. 226,078. ► [X]

Schedule A	(Form 990 or 99	0-EZ) 2013	KPSNA	Charital	ble Found	dation,	Inc.	56-2098199	) Pa	ge <b>4</b>
[Pelvily	or 17b; and f (See instruct	ai informati Part III, line tions).	12. Als	o complet	e this part	for any ac	I by Part II, I Iditional info	ine 10; Part II, Iır rmation.	ne 1/a	
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#### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Employer identification number

Open to Public Inspection

KPSNA Charitable Foundation, Inc.	56-2098199
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	
The purpose of the organizatio is to promote education	on, health and social welfare
in India as well as here in USA.	
Form 990-EZ, Part III, Line 28 - Statement of Program Service Acco	omplishments
The organization's accomplishments are as follows:	
- Organized a 4 day convention for disadvantaged seni	ior immigrants from India;
provided free transportation services; gave the chance	ce for the Seniors to meet
their peers from same area in India with similar inte	erests; provided free
physicals and medical checkups by volunteer doctors w	with different specialties;
free entertainment, food and visits to temples.	
- Started clean water program for rural towns in Indi	ia. We matched people who
donated money to build and run water filtration plant	t to provide clean water to
whole town. So far we have 30 towns enjoying drinking	g clean water. Clean water has
affected people's health. Those towns had high rate of	of water born deceases due to
polluted drinking water.	
- Launched anemia project in India. We tested and tre	eated free of charge more than
20,000 women and children for iron differences due to	poor nutrition and
intestinal deceases. Volunteer doctors from India now	w monitor these patients and
their progress. Due to this now thousands of people	are enjoying more energy and
better health.	
- Started sanitation program in 4 rural towns in Indi	ia by providing toilets
facilities to homes who can't afford it.	
Form 990-EZ, Part V - Regarding Transfers Associated with Personal E	Benefit Contracts
(a) Did the organization, during the year, receive a	any funds, directly or
indirectly, to pay premiums on a personal benefit cor	ntract? No

Schedule <b>O</b> (Form 990 or 990-EZ) 2013	Page 2
Name of the organization	Employer identification number
KPSNA Charitable Foundation, Inc.	56-2098199
Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contra	cts (continued)
(b) Did the organization, during the year, pay premiums, direc	tly or
indirectly, on a personal benefit contract?	<u>No</u>
<b></b>	· <b></b>
	· <b></b>
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Schedule **O** (Form 990 or 990-EZ) 2013

2013	Schedule O -	Supplemental	Information	Page 1
	KPSNA (	Charitable Foundation	on, Inc.	56-209819
Form 990-EZ, Part Other Expenses Convention Sup Food Expenses	plies			\$ 9,647. 12,900.
Hotel expenses				 17,251. 1,000. 250.

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